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US Patent and Trademark Office

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**From:** Owen W. Cramer**Your file no.:****Date:** January 10, 2005**Reply to Vancouver file no.:** 83417-2**Time:****RE: POWER OF ATTORNEY AND ADDRESS FOR CORRESPONDENCE****Application Number:** 10/507,323  
**Applicant:** Michel Laberge  
**Filed:** September 10, 2004**Docket No.:** 83417-2  
**Customer No.:** 22502

Please find attached the following documents:

Transmittal Form;

Power of Attorney and Correspondence Address Indication Form

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PTO/SB/21 (09-04)

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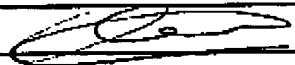
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/507,323
	Filing Date	10 September 2004
	First Named Inventor	Michel Laberge
	Art Unit	Apparatus and Method for Fusion Reactor
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	83417-2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

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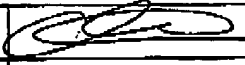
JAN 10 2005

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Smart & Biggar		
Signature			
Printed name	Owen Cramer		
Date	January 10, 2005	Reg. No.	55,460

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Owen Cramer, Reg. No. 55,460	Date	January 10, 2005

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/507,323
Filing Date	10 September 2004
First Named Inventor	Laberge, Michel
Title	Apparatus and Method for Fusion ..
Art Unit	
Examiner Name	
Attorney Docket Number	83417-2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Owen W. Cramer	55,460

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
OR☐ The address associated with Customer Number:  
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Owen W. Cramer				
Address	Smart & Biggar Fetherstonhaugh & Co. 2200 - 650 West Georgia Street				
City	Vancouver	State	BC	Zip	V6B 4N8
Country	Canada				
Telephone	Tel: (604) 682-7780	Fax	Fax: (604) 682-0274		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Michel Laberge</i>	Date	22 November, 2004
Name	Michel Laberge	Telephone	604-827-5070
Title and Company	President, General Fusion		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.

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